SÜBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) mil Tru C----GHZ. mi

THENT

Permit #: Date: Refund: \$25.84 (1-01) 7-040

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

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- The second sec	_	×	7				with (2 <sup>nd</sup> ) Porch			Nesidelludi Ose	
	_ _	×	1		1119 P. P. T.		with Loft		-	X Recidential Use	
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Square Footage	ons	Dimensions			ri	Proposed Structure			<	Proposed Use	S. 5734.
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	Height:	angen ange		20 P.	6	Length: /	r is relevant to it)	ng applied fo	f permit bei on:	Existing Structure: (If permit being applied for is relevant to it)  Proposed Construction:	
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	Vaulted (min 200 gallon)	ulted (n	Va				- 1	xisting bldg)	Relocate (existing bldg)	***	
	Conv	cify Type:		X Sanitary (Exists)	□ 3		□ 2-Story		Conversion		
X Well	JI.	Specify Type:	1	≪ (New) Sanitary	□ 2	XYear Round	□ 1-Story + Loft	Alteration	Addition/Alteration		<u></u>
□ City			1 1	☐ Municipal/City	□ <b>1</b>	☐ Seasonal	☐ 1-Story	ruction	XNew Construction		
Water	, m	/pe of ary System roperty?	What Type of er/Sanitary Syson the propert	What Ty Sewer/Sanita Is on the pr	# of bedrooms	Use	# of Stories and/or basement	A E	Project	Value at Time of Completion *include donated time & material	
										☐ Non-Shoreland	
20.00	200		reet			Scontinue -	17 Ves-				
∑ □ Yes No	□ Yes	5. []	ne:	Distance Structure is from Shoreline :	Distance Stru	d or Flowage	- 1	/Land within	-Is Property	I Shoreland — ✓	. Kr
Are Wetlands Present?	Is Property in Floodplain Zone?	ls Pn Floodp	ne: feet	cture is from Shoreline:	Distance Structure	Stream (ind. Intermittent) If yes—continue —	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes—	/Land within dward side o	Is Property reek or Lan		
3	.75				River	Tron	N, Range W	1,1	, Township	Section 21	
	Acresage	9	Supplied Supplied	BIOCK(S) NO.	LOT(5) NO.				β[ Ε <u>‡</u>	S 200 0 N 100	1
	0 8-					0	tatement)	4 Y "··		LOCATION	
egister of Deeds)	assigned by	Deed (i.e.	orded	Reco	7-101	4-5 digits)			, JX	08	
Written Authorization Attached		Yer 7		nclude City/SI	Agent Mailing Add		シー	Application on behalf of Owner(s))	n Signing Appli	7 ger	
one:	Plumber Phone:				Plumber:	Phone:	(7/2) Contr.	**	V Jane	Contractor:	
				74847	WI 548		I Frey	ist R	in cove	5945 W. F	5
4111	Cell Phone	5442	5811-	whith Mas 55811-	GATERIAN, DULUTA	Zio:	3966 F	Š	2	ddress of Property:	S
Z) ž	elephone	T.	USE	City/State/Zip:	CONDITIONAL USE City/State/:	Address:	□ SAINI IAK) Mailir	A LAND USE	JESTED-1	Owner's Name:	0 -
	<b>1</b>			)	Zoning Dave	Meld Co. 70	V ISSUED TO APPLIC	PERMITS HAV	ON UNTIL ALL	NOT START CONSTRUCTS	0
					Tank (		Pariment.	TY COURS DEP	All Sharman and	cks are made payable to.	י הל

must sign or letter(s) of authorization must accompany this application)

Date

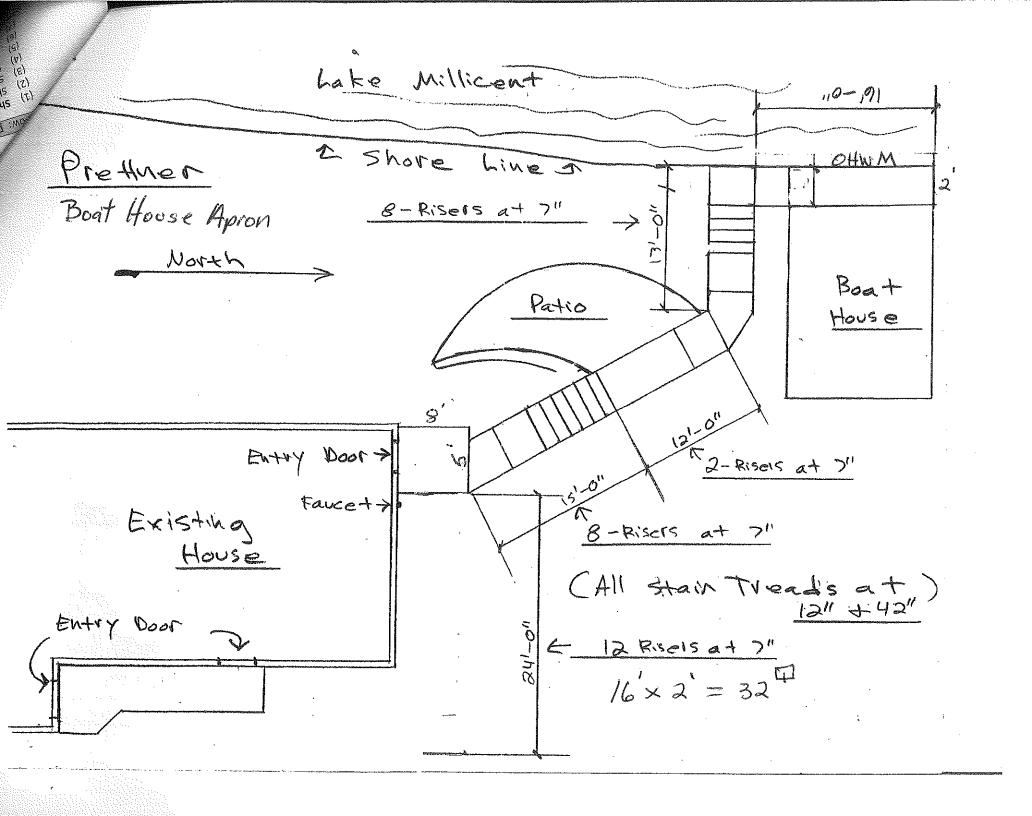
Address to send permit 6/73 (If you Lron on behalf of the 2 Tron application) 54847

Authorized Agent:

Owner(s): (If there are Multiple

Attach
Copy of Tax Statement
Chased the property send your Recorded Deed Date

		Hold For Fees:	davít:	Hold For Affidavit:	or TBA:	ary: Hold For	Hold For Sanitary:
pproval:	Date of Approval:			***************************************	- Control of the Cont	spector:	Signature of Inspector:
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サミス	R	TI QI	SIZE + LOCATION O	Yes	onditions Attached?  るで  な  大  ナ	SHARLI	Condition(s): To
spection:	Date of Re-Inspection:	3		ected by	Ins	tion:	Date of Inspection:
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□ No	yed   Yes	Were Property Lines Represented by Owner Was Property Surveyed	1		□Yes □No	Parcel Legally Created ilding Site Delineated	Was Propose
		Previously Granted by Variance (B.O.A.)	Previously Granted ☐ Yes ☐'No			7	Yes No
ed Pes INO	Affidavit Required Affidavit Attached	Yes No	Mitigation Required Mitigation Attached	((s))	(Deed of Record)(Fused/Contiguous Lot(s))	Lot   _ Yes ship   Yes ning Yes	l o
September Surger	Mr. Cadada		6-17	Permit Date: 5-10	Per	7-0140	Permit #:
	Sanitary Date:	# of bedrooms:		Sanitary Number: Reason for Denial:	Only) San	Issuance Information (County Use Permit Denied (Date):	Permit Denied
de,			n the Date of Issuance Municipalities Are Re Federal agencies may	ire One (1) Year fror amily Dwelling: ALL Village, City, State or	nd Use Permits Exp f New One & Two I The local Town, V	NOTICE: All La For The Construction O	:
), and <u>Well (</u> W).	Tank (HT), Privy (P)	Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	, <u>Septic Tank (ST)</u> , <u>Dr</u>	New Construction	ed Location(s) of	(9) Stake or Mark Proposed Location(s) of New Construction,	~
oack must be measured must be visible from roposed site of the structure, or must be	ich the setback must be me	ack, the boundary line from wh im a known corner within 500 fe	the minimum required seth	is than thirty (30) feet from	than ten (10) feet but le veyed corner, or verifiab	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the settence one previously surveyed corner to the other previously surveyed to the previously	Prior to the placem one previously surv marked by a license
previously surveyed corner to the	must be visible from one pr	indary line from which the setback must be measured n	5	uired	n ten (10) feet of the min	Petro to the placement or construction of a structure within ten (10) feet of the more reviewed to the placement or construction of a structure within ten (10) feet of the mother reviewed to turnewed remote or marked by a linearized structure at the owner's other reviewed to the placement of th	Prior to the placem
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			Elevation of Flor			Edst For Tibe	Setback from the cast Loc
NA Feet		on property	20% Slope Area on property	All Feet		Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from
			Cothook from MI	Feet Feet		Setback from the North Lot Line	Setback from
Feet  Feet  Feet	water mark)	Setback from the Lake (ordinary high-water m Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the <b>Lake</b> I Setback from the <b>River</b> , Setback from the <b>Bank</b>	75+ Feet	oad (	from the Centerline of Platted Road from the Established Right-of-Way	Setback from Setback from
Measurement		Description		Measurement	Z	Description	
ed by the Planning & Zoning Dept.	approved by the Pl	Changes in plans must be approv	·Q	nt)	r to continuing) o the closest poi	Please complete (1) (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	Please com
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	•		wp.	wr pad			
	and/or (*) <b>Privy</b> (P)	North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on Your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	ot Plan  1d (*) Frontage Roa  1ctures on your Pro ) Septic Tank (ST);  ver; (*) Stream/Cre  or (*) Slopes over 24	North (N) on PI  (*) Driveway ar  All Existing Strr.  (*) Well (W); (*)  (*) Lake; (*) Riv.  (*) Wetlands; c		(2) (3) (4) (5) (6) (7)
*			THE PART OF THE PROPERTY OF	truction	Proposed Cons	3) Show Location of:	



## City, Village, State or Federal ermits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.		17-0	140		- <u> </u>	Issue	d To:	Yvonne	e Solon / Mi	ke Fu	rtak,	Agent				
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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Sump (Redstyveld) Bayfield Co. Zoning Dept. NOR 27 TIT 2 

Refund: Permit #: Amount Paid: 12-04g

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL DEPARTS.

# What Type of of Sewer/Sanitary Sys is on the property all X1   Municipal/City   Secify Typ ound   2   (New) Sanitary (Exists) Specify Typ   Privy (Pit) or   Vaulted (Privy (Pit) or None   None   None   None   Dimen   None   None   None   Dimen   Privy (Pit)   None   None	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  TYPE OF PERMIT REQUESTED	TRUCTION UNTIL ALL PERN TREQUESTED TO THE TREQUESTED TO THE TREATMENT OF THE TREATMENT OF THE TREATMENT OF THE TRUCTION UNTIL ALL PERN  EMPLOY OF THE TREATMENT	LL PERMITS HAVE BEEN  LAND USE  LAND USE  LONG  LAND USE  LONG  LO	TION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.    LAND USE   SANITARY   PRIVY	SANITARY PRINTER PRINT	T Tree Page	CONDITIONAL USE SPECIAL USE  City/State/Zip:  Agent Mailing Address (Include City/State/Zip):  Agent Mailing Address (Include City/Stat	City/State/Zip:  LK ZRON RIVER, WI  mber:    City/State/Zip:   City/State/Zip:   Record   Rec	SPECIAL USE  2/Zip:  R IVER, WI  Recorded Document Block(s) No. Subdivit  Bis from Shoreline: Feet  is from Shoreline: feet	ALUSE  W15%  tate/Zip):  tate/Zip):  control been  Recorded Deen  Document #:  Subdivision:  Lot Size  Lot Size  line:  eline:  eline:  feet  feet  F	B.O.A.  Telepho  715-3  Cell Pho  Cell Pho  Attache  Attache  Actache  Acres  Is Property in  Floodplain Zone?  Yes  KNo	ALUSE B.O.A. OTHER Telephone: 715-377-4777 Cell Phone: 715-379-8358 Plumber Phone: Plumber Phone: Plumber Phone: Plumber Phone: Attached Pres No Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1013 Property in Is Property in Floodplain Zone? Is Property in Present? Eline: Floodplain Zone? Feet Floodplain Zone? Free No
at Time project # of Stories   # of	Shoreland —	Creek or La	ty/Land withindward side	in 300 feet of Rive of Floodplain? In 1000 feet of Lak	If yescontinue (e, Pond or Flowage (f yescontinue)	ntinue — lowage	Distance S	tructure is f	rom Shore	feet line:	ls Property Floodplain Z ☐ Yes	in Zoi fes
New Construction   1-Story   Seasonal   X1   Municipal/City   Addition/Alteration   1-Story + Loft   Year Round   2   (New) Sanitary   Exists   Conversion   2-Story   3   Sanitary   Exists   Conversion   Basement   3   Sanitary   Exists   Conversion   No Basement   None   Privy (Pit)   Or   Property   Property   DECK   None   N	Value at Time of Completion * include donated time & marerial	Proj	ect	# of Storie	nent	Use	# of	<i>σ</i>	Sewe	What Typ r/Sanitar n the pro	e of y System perty?	7
Int	0 0 0	☐ New Con	struction /Alteration on			easonal ear Round	□ <b>X</b> 2	□ Mu ▼ Sar	inicipal/Ci w) Sanita itary (Exi	ty ry Specif sts) Speci	y Type: _	(X)
Length: 66 Width: 26 Length: 70 Width: 26 Proposed Structure  Structure on property)  thing shack, etc.)  Width: 26		Relocate Run a Bus Property	(existing bldg) siness on		ent		1		table (w// mpost Toi	r   Vau	itract)	1 200 ga
Length: 20   Width: 16   Dimens	Existing Structure:	(if permit be	ing applied fr	or is relevant to it			1 1	Width	8		T e	ight:
Principal Structure (first structure on property) ( Residence (i.e. cabin, hunting shack, etc.) (	Proposed Construc	dion:				gth: 2	ure	Width	6	9 )	men.	ight:
			Principal Residenc	Structure (first e (i.e. cabin, hu	structure o	n property , etc.)	)	and the state of t			××	

(If ther Authori	Owner(s):	I (we) decl am (are) n may be a i above des	S	engermale;	
(If there are Multiple Ow Authorized Agent:	laud	re that this application is that this application is sponsible for the deta sponsible for t	Secretarial Staff	<u></u>	
ners liste	y.	in (irrotuding iil and accu nty relying reasonable	Iff		
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	hickor	(iwe) declare that this application (medicing any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and better its true, control and control to the west of my (our) knowledge and better its true, control to the west are also information it (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accurate it will be relied upon by Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable fine for the purpose of inspection.	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	Other: (explain)	Conditional Use: (explain)
Date	Date	ice and complete ue a permit.   {\ stering county c		×	×
	Date 4-27-17	we) further ac wrdinances to			_
	17	complete. I (we) further accept liability which county ordinances to have access to the		- Company of the Comp	A TOTAL CONTRACTOR OF THE PARTY

Residential Use

with a Porch
with (2<sup>nd</sup>) Porch
with a Deck
with (2<sup>nd</sup>) Deck

Commercial Use

Municipal Use

Addition/Alteration (specify)
Accessory Building (specify)

Bunkhouse w/ (□ sanitary, or □ sl Mobile Home (manufactured date)

sleeping quarters,

įς

cooking & fapal prep facilities)

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 $\times |\times| \times |\times|$ 

X ×

6

X

×

with Attached Garage

Accessory Building (specify) \_\_\_\_\_\_
Accessory Building Addition/Alteration (specify)

Rec'd for Issuahee

Special Use: (explain) \_\_\_\_\_\_
Conditional Use: (explain)

(If you are signing on behalf of the owner(s) a letter of authorization

must accompany this

application)

Attach

Copy of Tax Statement

ff you recently purchased the property send your Recorded Deed

Hold For Sanitary:  Hold For TBA:	Signature of Inspector:	hand be no	thee or Board Condition	of the Si to	belineated XYes	Case #:	□ Yes	19-01-49 rcel a Sub-Standard Lot □ Yes	Permit Denied (Date):	NOTICE: All Land Use For The Construction Of New O The lo Issuance Information (County Use Only)	(9) Stake or Mark Proposed Loca	Outer the violent structure from the contraction of a structure more than ten ( one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner at the numer's expense.	Prior to the placement or construction of structure that the (10) feet of the minimum required setback, the	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Britis (Bottakla Composition)	- or ruse	Setback from the West Lot Line	Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line	from the	Setback from the Centerline of Platted Road	Description	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	F.	311435		773M @				Poul	Show any (*):	e: of (*):	Delow Draw or Sketch your Prope
☐ Hold For Affidavit: ☐ Hold For Fees: ☐		さませんのち	ected by 7 My 10 Hy	X	No Started Was Property Surveyed	□ Yes □ No	(Fused/Contiguous Lotts))  Ano Mitigation Attached Previously Granted by Variance (B.O.A.)	S-17-17	no ventice	ALL Municipalities Are Required To to the or Federal agencies may also required to the original forms of th	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the namer's expense.	teet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the	Feet Setback to Well	7	// 00 Feet 20% Slope Area on property	Feet	Setback from the River, Stream, Setback from the Bank or Bluff	Setback from the Lake (ordinary	Measurement Description	ttinuing) Changes in plans must be approved seeming the company of			~ Rulosed DECK		\$25.65	wa!	DRIVE /		Vetlands; or (*) Slopes over 20%	North (N) on Plot Plan  (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or	elow: <u>Draw or Sketch your Property</u> (regardless of what you are applying for)
	Date of Approval:	1 modernost	Date of Re-Inspection:		Yes	## ***	Affidavit Attached	מינטועי גי	tim rocked	s not begun. form Dwelling Code.  Sanitary Date:	nk (HT), Privy (P), and Well (W).	the setback must be measured must be visible from of the proposed site of the structure, or must be	t be visible from one previously surveyed corner to the	Feet	Lect	☐Yes ☐ No		Feet,	ark) /75	Measurement	pproved by the Planning & Zoning Dept.	LAKE			3,000	Ex157mG					nd/or (*)	· · · · · · · · · · · · · · · · · · ·

City, Village, State or Federal Also Be Required

SANITARY - 10-70S SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Jack & Cheri Erickson 17-0149 Issued To: No. N  $\frac{1}{2}$  of Iron River W. Town of Range 8 47 3 Township NE Section Location: ¼ of CSM# Subdivision Block Gov't Lot Lot

For: Residential Addition / Alteration: [ 1- Story; Deck (20' x 16') = 320 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Deck Shall be no closer than 75' to the ordinary high water mark of either waterway.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

**Authorized Issuing Official** 

May 17, 2017

Date